CITY OF SCOTTSDALE – 2004/2005 ADDITIONAL DEPENDENTS

Open Enrollment	**Effective Date: January 1, 2004**
FOR HUMAN RESOURCES USE ONLY	

Employee Last Name	First Name, MI	Employee Number

Dependent 5 Name (Last, First MI)	Date of Birth	Relationship ☐ Child ☐ Legal Dependent ☐ Dom Partner Child	Gender
Dependent 5 is covered on the following plan(s): ☐ Medical ☐ Dental – if Assurant, list dependents facility #: ☐ Alternative Medicine ☐ Enhanced Vision			

Dependent 6 Name (Last, First MI)	Date of Birth	Relationship ☐ Child ☐ Legal Dependent ☐ Dom Partner Child	Gender
Dependent 5 is covered on the following plan(s): ☐ Medical ☐ Dental – if Assurant, list dependents facility #: ☐ Alternative Medicine ☐ Enhanced Vision			

Dependent 7 Name (Last, First MI)	Date of Birth	Relationship ☐ Child ☐ Legal Dependent ☐ Dom Partner Child	Gender
Dependent 7 is covered on the following plan(s): ☐ Medical ☐ Dental – if Assurant, list dependents facility #: ☐ Alternative Medicine ☐ Enhanced Vision			

Dependent 8 Name (Last, First MI)	Date of Birth	Relationship ☐ Child ☐ Legal Dependent ☐ Dom Partner Child	Gender
Dependent 8 is covered on the following plan(s): ☐ Medical ☐ Dental – if Assurant, list dependents facility #: ☐ Alternative Medicine ☐ Enhanced Vision			

Dependent 9 Name (Last, First MI)	Date of Birth	Relationship ☐ Child ☐ Legal Dependent ☐ Dom Partner Child	Gender
Dependent 9 is covered on the following plan(s): ☐ Medical ☐ Dental – if Assurant, list dependents facility #: ☐ Alternative Medicine ☐ Enhanced Vision			

Dependent 10 Name (Last, First MI)	Date of Birth	Relationship ☐ Child ☐ Legal Dependent ☐ Dom Partner Child	Gender
Dependent 10 is covered on the following plan(s): ☐ Medical ☐ Dental – if Assurant, list dependents facility #: ☐ Alternative Medicine ☐ Enhanced Vision			

By my signature, I certify that the information on this form is true and correct, and that the listed dependents are my legal dependents.

Signature _____ Date _____

Enrollment of dependents listed above is dependent upon this form accompanying a complete open enrollment form.